

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 033171-50
In re Application of Jean-Guy COAIGN		
Application Number 10/601,193 Filed 06/23/2003		For ROOF MODULE FOR A MOTOR VEHICLE
Group Art Unit 3612		Examiner Jason S. Morrow
Name: Kathleen M. McManus		

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows  
(check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____

Applicant claims small entity status.

A check to cover the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380(033171-50). I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Signature \_\_\_\_\_

April 21, 2005

Date

05/06/2005 DJONES1 00000002 192380 David S. Safran

703-827-8094

01 FC:1253

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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